

Avesis

INCORPORATED

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Member's Name: _____

Avesis Member Number: _____ Date of Birth: _____

I HEREBY AUTHORIZE the disclosure of my protected health information as described below:

1. The following individual or organization is authorized to make the disclosure:

(organization's or individual's name)

(complete address)

2. The type and amount of information to be disclosed is as follows:

- ☐ Health history;
- ☐ Information regarding billing or claim;
- ☐ Results of my eye examination, including prescription information;
- ☐ Individually identifiable information such as date of birth

3. I understand that the information in my chart may include information of a sensitive nature including information related to sexually transmitted disease, AIDS, HIV, behavioral or mental health.

4. This information may be disclosed to and used by the following organization:

<u>Avesis Incorporated and Avesis Third Party Administrators, Inc.</u>	
3724 North Third Street, Suite 300	10324 South Dolfield Road
Phoenix, Arizona 85012	Owings Mills, Maryland 21117

5. I understand that I can revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send my written revocation to Avesis. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire in twelve months or on the following date, event or condition:

_____.

6. I understand that authorizing the disclosure of protected health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to receive benefits. I understand that I may inspect or copy information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by privacy rules. If I have any questions about disclosure of my health information, I can contact:

Avesis Incorporated
3724 North Third Street, Suite 300
Phoenix, Arizona 85012
Telephone: (602) 241-3400 or (800) 522-0258
Fax: (602) 240-9103

Signature of Member or Legal Representative

Date

If Signed by Legal Representative, Relationship to Member

Signature of Witness